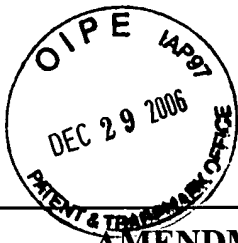




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MS AF
REPLY UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP

AMENDMENT TRANSMITTAL LETTER				Docket No. 0147-0220P																																											
Application No. 09/743,577-Conf. #005756		Filing Date March 12, 2001		Examiner S. S. Gollamudi																																											
Art Unit 1616																																															
Applicant(s): Herbert SCHLACHTER																																															
Invention: Skin and tissue care and/or treatment agent																																															
MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																															
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.																																															
<table border="1" style="width:100%"><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr><tr><td>Total Claims</td><td>37</td><td>- 61 =</td><td>0</td><td>x 25.00</td><td>0.00</td></tr><tr><td>Independent Claims</td><td>2</td><td>- 3 =</td><td>0</td><td>x 100.00</td><td>0.00</td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="5">Other fee (please specify): Extension for response within fifth month</td><td>1,080.00</td></tr><tr><td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td><td>1,080.00</td></tr></table>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	37	- 61 =	0	x 25.00	0.00	Independent Claims	2	- 3 =	0	x 100.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify): Extension for response within fifth month					1,080.00	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,080.00
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Other fee (please specify): Extension for response within fifth month					1,080.00																																										
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,080.00																																										
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity																																															
<input type="checkbox"/> No additional fee is required for this amendment.																																															
<input type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ _____ A duplicate copy of this sheet is enclosed.																																															
<input checked="" type="checkbox"/> A check in the amount of \$ <u>1,080.00</u> is enclosed.																																															
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																															
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.																																															
<input checked="" type="checkbox"/> Credit any overpayment.																																															
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																															
 Mark J. Nuell Attorney Reg. No.: 36,623				Dated: <u>December 29, 2006</u>																																											
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8043																																															